

INTERVENTIONS COMMITTEE NARRATIVE



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Committee Description

The Interventions Committee is a standing Committee of the Indiana HIV Prevention CPG. Their role is to research and recommend appropriate interventions for each of the prioritized populations to the full CPG for approval. It is also their charge to keep the CPG updated on information and issues regarding interventions.

Intervention Defined

A specific activity or set of related activities intended to bring about HIV risk reduction in a particular target population using a common strategy for delivering the prevention messages, with distinct process and outcome objectives, and a protocol outlining the steps for implementation. (Source: *Setting HIV Prevention Priorities: A Guide for Community Planning Groups*, Published by the Academy for Educational Development).

The Interventions Committee Process

The Intervention Committee began their process by reviewing the Epidemiology and Population Committee prioritized populations developed for the state of Indiana for 2008 until 2010 approved by the HIV Prevention CPG in April 2007. From that point the committee identified several DEBI's, which are explained and outlined in the following paragraph. Due to changes in regulations from the CDC only DEBI's and other scientifically proven interventions will be funded with Federal dollars. The committee looked at each prioritized population and selected the DEBI that best suited with the HIV prevention needs of that population. The committee recognizes, however, that there may be interventions appropriate to some populations that are not DEBI interventions. Therefore, the committee feels that other interventions are also suitable to consider for funding.

Evidence-based Interventions

There are several evidence-based interventions that The **CDC** via **The HIV/AIDS Prevention Research Synthesis (PRS) Project** has identified through a series of efficacy reviews. (For more information go to http://www.cdc.gov/hiv/topics/research/prs/efficacy_overview.htm)

The current ongoing PRS efficacy review process has catalogued evidence-based interventions as either best-evidence, or promising-evidence.

For more information go to:

http://www.cdc.gov/hiv/topics/research/prs/efficacy_criteria.htm#evidence or http://www.cdc.gov/hiv/topics/research/prs/efficacy_criteria.htm#promising

Interventions recommended and approved by the Indiana CPG Interventions Committee in April 2007 are to be used in providing HIV prevention programs and services. Please see the list below.

Community-level Interventions

Community-level interventions seek to change attitudes, norms, and values of an entire community/target population as well as social and environmental context of risk behaviors of the target population/community. Examples of community-level interventions diffused through the DEBI project are:

Popular Opinion Leader (POL): A community level risk reduction program using casual, 1 on 1 conversation with peers in their own social network, intervention to reduce high-risk behaviors. Program is based on affecting change to existing social norms about HIV prevention. Program is four sessions 90 minutes in length.

Community PROMISE: Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.

MPowerment: A community level intervention to reduce HIV risk behaviors.

Real AIDS Prevention Program (RAPP): Community level intervention to help women and their male partners reduce their risks for HIV. Goals are to increase consistent condom use, change community norms so that practicing safer sex is the acceptable norm, and involve as many people in the community as possible.

Group-level Interventions

Group-level interventions seek to change individual behavior within the context of a group setting. Examples of group-level interventions diffused through the DEBI project are:

Healthy Relationships (HR): Small group intervention designed specifically for men and women living with HIV/AIDS. Intervention found to be effective for men who have sex with men and heterosexual men and women. Program is based on social-cognitive theory with focus on skills building.

Holistic Health Recovery Program (HHRP): Group level intervention for HIV infected and HIV infected injection drug users. Program consists of 12 sessions and a manual driven program.

Many Men, Many Voices (3MV): Group level intervention of 7 week duration addressing factors that influence behavior, including cultural, social, and religious norms; HIV/STD interactions; sexual relationship dynamics; and the social influences of racism and homophobia on HIV risk behaviors.

Safety Counts: A cognitive-behavioral intervention with a primary goal of reducing risks for HIV and viral hepatitis among active drug users who are not enrolled in drug treatment.

SISTA: A peer-led small group social skills intervention to prevent HIV infection to African American women. Information is delivered in 5 sessions on 5 specific topics.

Street Smart: A small group intervention to reduce HIV related sexual and drug related risk behaviors. 10 sessions, 3 per week and one 1 on 1 session

Together Learning Choices (TLC): Group level intervention for young people living with HIV to identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life.

VOICES/VOCES: A small group intervention to reduce STDs subsequent to clinic visit.

Structural Interventions

Structural interventions aim at modifying the social, economic, and political structures and systems in which we live. These may affect legislation, media, health care, and the market place. Structural interventions directly alter the physical environments in which people live, work, play, and have sex, to help reduce risk.

The current listings of best-evidence and promising-evidence interventions include individual and group-level behavioral interventions for high-risk populations whose evaluation study was published between 2000 and 2004. PRS is continuously conducting the efficacy review to identify new evidence-based interventions and is currently reviewing community-level interventions.

For more information on Evidenced-Based Interventions, efficacy reviews or how to select interventions please visit the CDC website at:

<http://www.cdc.gov/hiv/topics/research/prs/evidence-based-interventions.htm>.

For more information on The HIV/AIDS Prevention Research Synthesis (PRS) Project please visit the CDC website at:

<http://www.cdc.gov/hiv/topics/research/prs/index.htm>.

A complete listing of the evidence-based interventions identified in the original review can be found in the Compendium of HIV Prevention Interventions with Evidence of Effectiveness by visiting the CDC website at:

http://www.cdc.gov/hiv/resources/reports/hiv_compendium/index.htm

Effectiveness Characteristics of Interventions other than DEBI's

While the Interventions Committee recognizes the effectiveness of DEBI interventions, the viability of interventions other than DEBI's cannot be discredited. Therefore, the Interventions Committee recommends the following criteria be met for intervention other than DEBI's.

Group Level Interventions (GLI)

When providing GLI the goal and objectives include the following:

- Minimum four (two hour) sessions; may be expanded if access to target group available
- Information on transmission; association of HIV to drugs and alcohol
- Methods of prevention: condoms, abstinence, counseling and testing, mutual monogamy
- Skills practice; assertive communication, sexual decision making, coping skills, condom use
- Personal responsibility; developing social networks for sustained healthy behaviors

Individual Level Interventions (ILI)

- When providing ILI the goal and objectives include the following:
- Minimum four (thirty minute) sessions
- Assessing personal risk; referrals if necessary
- Exploration of condom/abstinence attitudes; practice condom and assertiveness skills
- Goal setting for risk reduction
- Discussion of barriers and supports for behavior change

Outreach: Street/Community

When providing outreach the goal and objectives include the following:

- To refer outreach contacts for CTR
- To provide HIV Prevention Educational Material in a language easily understood
- To reach the hard to reach at risk populations in their communities/environments at times when that population is readily accessible.

Outreach is when two or more (peer) individuals targeting specific high-risk areas for a minimum of two hours in a designated area at the same time on a bi-weekly basis. It is recommended that peer educators receive a minimum of twenty hours training on:

- Beliefs, attitudes and norms of target group
- HIV/AIDS related knowledge
- Risks of drug and alcohol use and drug injection (needle sharing)
- Human sexuality/Sexual Risk behavior
- Skills necessary to effect behavior change
- Counseling and testing
- Access to community resources/referral information
- Barriers to prevention
- Service brokerage/client advocacy

Prevention Case Management (PCM)

When providing PCM the goal and objectives include the following:

- Notification to participants that PCM is voluntary; client and provider work together to develop case plans; on-going education and counseling by provider; collaboration with mental health providers, substance abuse treatment facilities, AIDS service organizations, STD clinics, criminal justice system.
- Multi-sessions based on need (daily/weekly); duration determined by individual needs identified through assessment and monitored with written case plan. Not time limited.

Counseling, Testing and Referral (CTR)

When providing CTR the goal and objectives include the following:

- Consists of an educational component and an HIV blood/saliva test;
- Two (20-30) minute sessions; (include information on Hepatitis C, Hepatitis B and other STDs) with contact consisting of:
 - Assess personal risk;
 - Negotiate risk-reduction step;
 - Explore condom use attitudes;
 - HIV test contact
 - Discuss waiting period and risk reduction goals;
- Receive results;
 - If positive, immediate access to HIV related services;
 - If negative develop long term plan for risk reduction
 - When possible offer counseling sessions at one week intervals after test results for skills practice

Partner Counseling and Referral Services (PCRS)

When providing PCRS the goal and objectives include the following:

- Detailed explanation of PCRS service offering;
- Assessing risks of acquiring or transmitting HIV;
- Negotiating a realistic and incremental plan for reducing risk;
- Client tests positive and chooses to participate in PCRS; PCRS provider and client together formulate a plan and set priorities;
- HIV-infected client voluntarily discloses information about partners; client and/or provider informs each partner of possible exposure to HIV;
- Client and/or provider assists partner in accessing counseling, testing, and other support services.

Harm Reduction Pragmatic Strategies for Managing High-Risk Behaviors

Harm reduction principles and strategies are designed to minimize the destructive consequences of illicit drug use and other behaviors that may pose serious health risks. Rather than insisting on abstinence as a prerequisite to continued treatment, proponents of the harm reduction approach aim to meet drug users *"where they're at"* with community-based services that empower diverse clients to set and meet their own treatment goals. This provocative and timely approach examines a wide range of current applications--from needle

exchange and methadone maintenance programs, to alternative alcohol interventions and AIDS prevention campaigns.

WHAT IS HARM REDUCTION?

Harm reduction is a way of dealing with behavior that damages the health of the person involved and of their community. Harm reduction tries to improve individual and community health. Much of the work on harm reduction has been in connection with drug use. This fact sheet focuses on harm reduction applied to drug use and HIV. Some key points of Harm Reduction include:

- Drug use won't disappear but its harmful effects can be reduced. Harm reduction should be a goal for service organizations and governments.
- Some drugs are safer than others. Some ways of using drugs are less harmful than others.
- Drug users can best reduce the harm of their own drug use.
- Abstinence is the ultimate goal. However, it is also good to reduce drug use and drug-related deaths, disease and crime.
- The criminal justice approach should not be the only method for dealing with drug use. Combining it with a public health approach is more productive.
- Services for drug users should be non-judgmental. They should not force people to receive services.

HARM REDUCTION IN ACTION

Harm Reduction related to drug use includes:

- Teaching drug users about the risks of different drugs and how they are used.
- Information on using drugs more safely, and reducing the harm of overdoses.
- Provide methadone as a substitute for heroin. Offer medication to counteract a drug overdose.
- Education and referral to drug treatment opportunities.
- Permit drug users to exchange used syringes for new ones, or buy new syringes.
- Outreach services in areas where drug sales occur.

There is research to support several harm reduction approaches, including methadone maintenance for heroin users and needle exchange for injection drug users.

HARM REDUCTION AND HIV

Harm concerns caused by drug use is related to HIV, such as:

- Sharing equipment for drug use can spread HIV infection if it contains even a tiny amount of infected blood.
- Drug use is linked to unsafe sexual activity. This increases the spread of HIV infection.
- It is also related to missing doses of HIV medications (poor adherence.) This can make HIV disease get worse.

- Harm reduction can include education about the HIV-related risks of drug use and of unsafe sexual activity.

CHALLENGES TO HARM REDUCTION

Drug use and its effects are huge challenges. They require the coordinated efforts of treatment specialists, law enforcement agents, public health professionals, corrections experts, and drug users themselves. Harm reduction says that the best approach to drug use problems involves public health providers working with drug users. It also suggests that drug treatment is usually more effective than arrest and imprisonment. Exceptions would be where drug use results in criminal activity that harms others, such as theft, violence, and driving under the influence of drugs.

Many communities combine harm reduction and law enforcement approaches to drug use. Unfortunately, many debates about drug policy put public health arguments on one side against morality and law enforcement on the other.

IS HARM REDUCTION LEGAL?

Some aspects of harm reduction are legal. Drug users can get information on methadone, on using drugs more safely, or referrals to drug treatment programs. People can get information on reducing the risk of HIV infection through sexual activity. Many other aspects of harm reduction require changes in laws or in law enforcement procedures. For example, syringe exchange programs operate under specific exemptions to existing laws or local "emergency" legislation. They require cooperation from local law enforcement officials.

HARM REDUCTION IN NEW MEXICO

In 1997, the legislature passed the Harm Reduction Act. It legalized needle exchange statewide. A bill passed in 2001 permits pharmacists to sell syringes to drug users. These actions put New Mexico among the few states that have implemented harm reduction approaches to drug use instead of relying totally on a law enforcement approach.

THE BOTTOM LINE

Harm reduction is a public health approach to behaviors that can harm individuals and their communities. Harm reduction can be applied alongside law enforcement activities. Harm reduction focuses on improving the health of individuals and the public, more than on eliminating harmful behaviors, although that is the ultimate goal. Harm reduction principles can be applied to reducing the HIV-related risks of drug use or of unsafe sexual activity.

NEEDLE EXCHANGE PROGRAMS

Injection drug users are a priority population as listed above. The CPG has found that based on extensive research that syringe exchange programs are an effective, cost effective HIV prevention intervention for injection drug users. In addition, research shows that syringe exchange programs have not been associated with increased drug use. Therefore the Indiana HIV Prevention CPG

supports syringe exchange programs as an effective HIV prevention intervention for injection drug users.

TREATMENT AS PREVENTION

As the numbers of new HIV infections continue to rise, the disproportionate numbers associated with substance use and abuse demands our attention. While there are reams of research literature on IDUs and HIV infection, another important co-factor is the use of crack cocaine and the accompanying sexual behaviors associated with its use. The trading of sex, by both males and females, to acquire money and/or drugs makes treatment a necessary imperative. The role played by substance abuse treatment in the prevention of HIV infection is not to be ignored. Numerous studies have now documented that significantly lower rates of drug use and related risk behaviors are practiced by drug users who are now in treatment. Importantly, these behavioral differences, based primarily on self-report, are consistent with studies that have examined HIV seroprevalence and seroincidence among drug users. The conclusion maintained by the collective findings of the available literature is rather simple-individuals who enter and remain in treatment reduce their drug use, which leads to fewer instances of drug-related risk behavior. This lower rate of exposure results in fewer infections with HIV. The protective effects of treatment, however, can only be achieved when programs are accessible and responsive to the changing needs of drug users.

INTERVENTIONS TABLE

Target Population	Title	Type of Intervention	Brief Description	Research Setting
1. People living with HIV/AIDS White and/or Black/ African-American; Hispanic/ Latino or non-Hispanic/Latino; Male or Female; HIV Positive; Urban Metropolitan; Urban Non-Metropolitan or Rural Areas	Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.
	Comprehensive Risk Counseling and Services for Persons Living with HIV (CRCS for Positives)	Individual	An individual level intervention for clients who have multiple, complex psychosocial challenges and risk-reduction needs to adopt and maintain HIV risk-reduction behaviors.	Private, secure, and safe location accessible by public transportation.
	Healthy Relationships	Group	Small group intervention designed specifically for men and women living with HIV/AIDS. Intervention found to be effective for men who have sex with men and heterosexual men and women. Based on social-cognitive theory with focus on skills building.	Room large enough to accommodate circular seating to enhance communication. 5-12 clients and members cannot join once groups are established.
	Holistic Health Recovery Program	Group	Group level intervention for HIV infected and HIV infected injection drug users. 12 sessions manual driven program.	Facility that treats clients with substance abuse or dependency issues or CBO that serves HIV-infected persons who use drugs. Space where confidentiality can be assured.
	Together Learning Choices (TLC)	Group	Group level intervention for young people living with HIV to identify ways to increase use of health care, decrease risky sexual behavior and drug and alcohol use, and improve quality of life.	Private area or room, to ensure confidentiality. Enough space and privacy for small groups of young people living with HIV.

Target Population	Title	Type of Intervention	Brief Description	Research Setting
2. MSM White and/or Black/ African-American; Hispanic/Latino or non Hispanic/ Latino; Male; Ages 20-49; HIV Negative; Urban Metropolitan or Urban Non-Metropolitan	Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.
	Popular Opinion Leaders (POL)	Community	A community level risk reduction program using casual, 1 on 1 conversation with peers in their own social network. Intervention to reduce high-risk behaviors. Program is based on affecting change to existing social norms about HIV prevention. Sessions can be from 4 - 90 minutes in length.	Well defined community venue. Weekly sessions held with opinion leaders in order to refine their skills and gain confidence in delivery of HIV prevention message to others.
	Mpowerment Project	Community	A community level intervention to reduce HIV risk behaviors.	Mpowerment Center and other community venues where gay men congregate.
	Many Men Many Voices	Group	Group level intervention of 7 week duration addressing factors that influence behavior, including cultural, social, and religious norms; HIV/STD interactions; sexual relationship dynamics; and the social influences of racism and homophobia on HIV risk behaviors.	Meeting space that will handle 6-14 people in a safe, comfortable, not clinical, easily accessible, by public transportation, appealing, quiet, private, and secure.
	Comprehensive Risk Counseling and Services (CRCS)	Individual	An individual level intervention for clients who have multiple, complex psychosocial challenges and risk-reduction needs to adopt and maintain HIV risk-reduction behaviors.	Private, secure, and safe location accessible by public transportation

Target Population	Title	Type of Intervention	Brief Description	Research Setting
	Counseling Testing and Referral / Partner Counseling and Referral Services (CTR/PCRS)	Individual	Activities designed to increase clients' knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate medical, prevention, and partner notification, counseling and referral services.	Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer.
	Safety Counts	Group & Individual	A cognitive-behavioral intervention with a primary goal of reducing risks for HIV and viral hepatitis among active drug users who are not enrolled in drug treatment.	Office for individual counseling sessions and a facility for social events that is large enough for up to 30 people.
3. Heterosexual / Female / Black/African-American/ Hispanic / Latino Black/African-American; Hispanic/Latino; Female; Ages 20-49; HIV Negative; Urban Metropolitan or Urban Non-Metropolitan	Women and Infants Demonstration Project (WIDP)	Community	A community-level intervention to increase condom use with main and other sex partners.	Street settings, community agencies, organizations, businesses, residential complexes, and other community settings.
	VOICES/VOCES	Group	A small group intervention to reduce STDs subsequent to clinic visit.	STD clinic
	Sisters Informing Sisters about Topics on AIDS (SISTA)	Group	A peer-led small group social skills intervention to prevent HIV infection to African American women. Information is delivered in 5 sessions on 5 specific topics.	Quiet, accessible meeting space for 10-12 women.
	Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.

Target Population	Title	Type of Intervention	Brief Description	Research Setting
	Real AIDS Prevention Project (RAPP)	Group	Community level intervention to help women and their male partners reduce their risks for HIV. Goals are to increase consistent condom use, change community norms so that practicing safer sex is the acceptable norm, and involve as many people in the community as possible.	Place to hold trainings and staff meetings with comfortable seating for 6-12 people. A site near public transportation and near where the target population lives, works, and/or congregates.
	Counseling Testing and Referral / Partner Counseling and Referral Services (CTR/PCRS)	Individual	Activities designed to increase client's knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate medical, prevention, and partner notification, counseling and referral services.	Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer.
	Safety Counts	Group & Individual	A cognitive-behavioral intervention with a primary goal of reducing risks for HIV and viral hepatitis among active drug users who are not enrolled in drug treatment.	Office for individual counseling sessions and a facility for social events that is large enough for up to 30 people.
4. Youth White and/ or Black/ African-American; Hispanic/ Latino or Non-Hispanic/ Latino; Male or Female; Ages 13-19; HIV Negative; Urban Metropolitan, Urban Non-Metropolitan or Rural Areas	Counseling Testing and Referral / Partner Counseling and Referral Services (CTR/PCRS)	Individual	Activities designed to increase clients' knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate medical, prevention, and partner notification, counseling and referral services.	Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer.
	Street Smart	Group	A small group intervention to reduce HIV related sexual and drug related risk behaviors. 10 sessions, 3 per week and 1 - 1 on 1 session	Shelters for runaway adolescents.

Target Population	Title	Type of Intervention	Brief Description	Research Setting
	Focus on Kids	Group	A peer network decision-making intervention to increase condom use among sexually active youth of 8 sessions	Recreation centers associated with public housing development, rural campsite settings.
	Becoming a Responsible Teen - BART	Group	A small group intervention. 8 weekly sessions of 90 - 120 minutes	Public health clinic serving low-income families.
	Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.
	Project Respect	Group	An enhanced and brief interactive counseling interventions to reduce high-risk behavior and to prevent new STDs 4 sessions over 3 - 4 weeks	Inner-city STD clinic.
	Reducing the Risk	Group	A classroom intervention to postpone initiation of sexual intercourse and among those sexually experienced, to reduce unprotected sex. 15 sessions	High school classrooms.
	Get Real about AIDS 1992		A classroom intervention to postpone the initiation of sexual intercourse and to reduce the number of students engaging in unsafe and drug use behaviors. 15 sessions	High school classrooms.
	Mpowerment Project		A community level intervention to reduce HIV risk behaviors.	Mpowerment Center and other community venues where gay men congregate.

Target Population	Title	Type of Intervention	Brief Description	Research Setting
5. IDU White and/ or Black/ African-American; Hispanic/ Latino or non-Hispanic/ Latino; Male; Ages 30-49; HIV Negative; Urban Metropolitan; Urban Non-Metropolitan or Rural Areas	Holistic Health Recovery Program	Group	Group level intervention for HIV infected and HIV infected injection drug users. 12 session's manual driven program.	Facility that treats clients with substance abuse or dependency issues or CBO that serves HIV-infected persons who use drugs. Space where confidentiality can be assured.
	Comprehensive Risk Counseling and Services (CRCS)	Individual	An individual level intervention for clients who have multiple, complex psychosocial challenges and risk-reduction needs to adopt and maintain HIV risk-reduction behaviors.	Private, secure, and safe location accessible by public transportation
	Counseling Testing and Referral / Partner Counseling and Referral Services (CTR/PCRS)	Individual	Activities designed to increase client's knowledge of their HIV status; encourage and support risk reduction; and secure needed referrals for appropriate medical, prevention, and partner notification, counseling and referral services.	Any location that can provide confidentiality (private area or room), specimen collection according to minimal OSHA standards, flat surface, acceptable lighting, and temperature in the range recommended by the test manufacturer.
	Safety Counts	Group & Individual	A cognitive-behavioral intervention with a primary goal of reducing risks for HIV and viral hepatitis among active drug users who are not enrolled in drug treatment.	Office for individual counseling sessions and a facility for social events that is large enough for up to 30 people.
	Community PROMISE	Community	Community level intervention to increase condom use with main and non-main partners and/or to increase disinfection of injection equipment for high-risk populations where there are established peer influences.	Street settings, public sex environment, and other community venues.